

MSFC CUSTOMER FEEDBACK		Date of Feedback:	
Please MAIL to: QD01/ Corrective Action System, Marshall Space Flight Center; Huntsville, AL 35812.			
<i>MSFC is committed to completely satisfying our customers. Please let us know how we are doing.</i>			
1. Customer Name:		2. Customer Company Name, Address, and Organization/ Department Code (as applicable):	
<input type="checkbox"/> Internal MSFC <input type="checkbox"/> External			
3. Customer Telephone Number / Extension:			
4. Customer E-mail:			
5. MSFC Provider (Contact Name and/or Organization):		6. Provider Telephone Number:	7. Org. Code:
8. Product or Service Provided:			
9. How would you characterize the nature of the job we are doing/did for you?:			
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">Critical-Path <input type="checkbox"/></div> <div style="text-align: center;">Moderately Important <input type="checkbox"/></div> <div style="text-align: center;">Optional <input type="checkbox"/></div> </div>			
10. Customer Rating (Select One):			
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">1 Unacceptable <input type="checkbox"/></div> <div style="text-align: center;">2 Fair <input type="checkbox"/></div> <div style="text-align: center;">3 Satisfactory <input type="checkbox"/></div> <div style="text-align: center;">4 Good <input type="checkbox"/></div> <div style="text-align: center;">5 Exceptional <input type="checkbox"/></div> </div>			
11. What suggestions would you have for us to improve upon this rating?:			
12. How would you evaluate our responsiveness to your needs and attitude toward getting the job done?:			
13. Are there other comments, feedback, or suggestions you may have regarding our performance?:			
TO BE COMPLETED BY S&MA WHILE PROCESSING CUSTOMER FEEDBACK RECORD:			
14. Customer Feedback Number:		15. Referenced DR / QSDN / RCAR:	
16. Action Taken:			
17. Status:		18. Closure Date:	